

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90136 017 ***150.00

DOCUMENT # P99000092790	
1. Entity Name	
Kamal and Sons, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 370 E Main St		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Apopka, FL		City & State	
Zip 32703	Country	Zip	Country

54053552

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3602630		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Wadhwan, Kamal	
Street Address (P.O. Box Number is Not Acceptable) 437 Los Alamos Way Apt # 201 932 WHINGAN CT.	
City Altamonte Springs APOPKA	FL
Zip Code 32712	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE Director	NAME Wadhwan, Kamal
STREET ADDRESS 437 Los Alamos Way Apt # 201	CITY-ST-ZIP Altamonte Springs, FL 32714
TITLE Director	NAME Kamal Wadhwan
STREET ADDRESS 932 WHINGAN CT.	CITY-ST-ZIP APOPKA, FL, 32712

11.

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kamal Wadhwan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04
3/17/04

407-889-7900